



WDVA SAFE START PLAN

VERSION 7

September 2, 2022

Updated 9/2/2022

WDVA Safe Start Plan

Purpose, Scope, & Assumptions

This plan describes how WDVA programs will engage its collective resources to coordinate recovery efforts as the state shifts into a new normal of operations following the onset of the COVID-19 pandemic. The strategies outlined provide a framework to review mitigation measures set into place during the onset and height of the pandemic and now as the state gradually relaxes restrictions in a safe, consistent, and thoughtful manner.

- The scope of this plan is agency wide and applies to all WDVA programs and locations
- All employees will follow this plan; exceptions will be made on a case-by-case basis
- Program managers should check the Governor's general requirements for special business operations for updates or more detailed recommendations
- This plan aligns with the WDVA COOP Plan and guidance from Governor's office, the Centers for Medicaid and Medicare Services (CMS), Centers for Disease Control (CDC), Department of Labor & Industries (L&I), Department of Health (DOH), Department of Social and Health Services (DSHS), and other regulatory entities
- Guidance found in this plan will continue to evolve throughout the response to the current pandemic. If there seems to be conflict between guidance, the most restrictive or current guidance will be implemented
- Program progression to full recovery (i.e. normal operations) will be requested by respective WSVH Administrators or program managers and will be approved by the Deputy Director prior to changing operations, with the intent to ensure consistency across WDVA programs, other state agencies, and like programs:
 - WDVA's Washington State Veterans Homes (WSVH), Central Office locations, Pharmacy, and Cemetery are anticipated to recover at a different pace.
 - All locations should be prepared to rollback as we respond to changes occurring within the facility, office, local, regional, and national settings
- Transitional Housing Programs will follow WSVH applicable requirements
- Remote offices will follow operational guidance put out by the respective facility host while maintaining all applicable and appropriate rules outlined in this plan
- Programs and offices are responsible for implementation of plan requirements. Teleworking will continue to be strongly encouraged throughout all phases of the pandemic and until further notice, if it does not interfere with operational needs
- Worksites located in a more restrictive county or public health jurisdiction, follow local public health guidelines.
- If there are questions or concerns, please contact the WDVA Deputy Director.

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Table of Revisions

Date	Version Number	Summary Revisions	Sections Updated
6/16/2020	1	WDVA Safe Start Plan created.	All
8/20/2020	2	Significant updates to all sections of the plan. Added additional steps to programs.	All
3/25/2021	3	Added Acronyms section Added Definitions section Updated capacity in Plan A to 12 instead of 8 Added appendices to include various Safe Start checklists and forms. Updated WSVH, Central Office, and Cemetery sections to align with 3/18/2021 DSHS Safe Start for Long Term Care and SA Healthy Roadmap to Recovery guidance updates. Added appendices to include various Safe Start checklists and forms	Page 3 Page 4 Appendices WDVA Safe Start sections Appendices
11/5/2021	4	Updated Central Office and Cemetery sections to align with Healthy Washington-Roadmap to Recovery, Version 14 updates. Updated Central Office section to include December 13, 2021 reopening planning. Updated WSVH section to align with 10/07/2021 DSHS Safe Start for Long Term Care updates. Deleted references to steps in the document. Added COVID-19 Safe Start Customer Service Protocols (Appendix A).	WDVA Safe Start sections Appendices
1/6/2022		Updated Central Office and Cemetery sections to align with Healthy Washington-Roadmap to Recovery, Version 15 updates around masking. Updated Central Office, Cemetery, and Pharmacy sections to align with updated CDC guidance for cleaning and disinfecting facilities following suspected/confirmed COVID-19 exposure.	WDVA Safe Start Sections Appendices
3/18/2022		Updated Central Office, Pharmacy, and Cemetery sections to align with Healthy Washington-Roadmap to Recovery, Version 18 updates around masking, training, and signage. Updated definition of outbreak for long-term care settings.	WDVA Safe Start Sections Definitions

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9/2/2022		Updated Central Office, Pharmacy, and Cemetery sections to align with Healthy Washington-Roadmap to Recovery, Version 21 and CDC updates.	WDVA Safe Start Sections
		Added/updated definitions for the following: Back Office; Up to Date; and Fully Vaccinated.	Definitions

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Acronyms

CDC	Centers for Disease Controls
CMS	Centers for Medicare & Medicaid Services
DOH	Washington State Department of Health
DSHS	Department of Social and Health Services
EMT	Emergency Medical Technician
HCW	Healthcare Worker
L&I	Washington State Department of Labor & Industries
LHJ	Local Health Jurisdiction
LTC	Long Term Care
NFDA	National Funeral Directors Association
N95	N95 Respirator
PPE	Personal Protective Equipment
SNF	Skilled Nursing Facility
WDVA	Washington State Department of Veterans Affairs
WSVH	Washington State Veterans Homes

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Definitions

Back-Office Setting	Work environments where there isn't open access to people other than employees and business partners where vaccination status is known.
Beautician	For this plan a beautician is a beautician, barber, hair stylist, or nail technician.
Close Contact	Being within approximately 6 feet (2 meters) of a person with laboratory positive COVID-19 for 15 minutes or more in a 24-hour period. OR Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
Compassionate Care Visit	While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care visits" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care visits include, but are not limited to: <ul style="list-style-type: none"> • A resident who was living with their family before recently being admitted to a facility and is struggling with the change in environment and lack of physical family support • A resident who is grieving the recent loss of a friend or family member • A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration • A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past)
Core Principles of COVID-19 Infection Prevention	The following are the core principles and best practices that should be adhered to at all times to reduce the risk of COVID-19 transmission: <ul style="list-style-type: none"> • Screening • Hand hygiene • Face covering or mask (source control) • Maintaining distance of at least 6 feet • Signage • Cleaning and disinfection • Appropriate use of PPE • Effective Cohorting • Testing
Essential Support Person	A loved one, caretaker, or advocate for a resident of long-term care (LTC). An ESP must be 18 or older and must have some history of providing companionship or support to the resident.

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Essential Tasks	<p>Per DOH essential businesses were identified as the following:</p> <ul style="list-style-type: none"> • Health care providers and caregivers (e.g., physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, midwives and doulas attending facility-based or home-based births, alternative healthcare providers, social workers, speech pathologists and diagnostic and therapeutic technicians and technologists). • Behavioral health workers (including mental and substance use disorder) responsible for coordination, outreach, engagement, and treatment to individuals in need of mental health and/or substance use disorder services. • Workers who provide support to vulnerable populations to ensure their health and well-being including family care providers. • Workers conducting research critical to COVID-19 response. Workers performing security, incident management, and emergency operations functions at or on behalf of healthcare entities including healthcare coalitions, who cannot practically work remotely. • Workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters. • Pharmacy employees necessary for filling prescriptions. • Workers performing mortuary services, including funeral homes, crematoriums, and cemetery workers. <p>The CDC recommends long term care facilities create an inventory of all volunteers and personnel who provide care in the facility. Use that inventory to determine which personnel are non-essential and whose services can be delayed if such restrictions are necessary to prevent or control transmission (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html).</p>
Exposure	Having come into contact with a cause of, or possessing a characteristic that is a determinant of, a particular health problem.
Fully Vaccinated	A person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series of a COVID-19 vaccine (e.g., Pfizer, BioNTech or Moderna) or a single-dose COVID-19 vaccine (e.g., Johnson & Johnson (J&J)/Janssen) authorized for emergency use, licensed, or otherwise approved by the FDA or listed for emergency use or otherwise approved by the World Health Organization.

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	*Approved boosters are not required to be considered fully vaccinated at this time, however booster status is an element of determining how quarantine and isolation timelines are applied.
Health Care Personnel (HCP)/ Health Care Worker (HCW)	HCP/HCW refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment/ contaminated environmental surfaces; or contaminated air. HCW include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
Isolation	The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease.
Outbreak (Long-Term Care Facilities)	Long-Term Care Facility Outbreak Definition: <ul style="list-style-type: none"> • ≥ 1 (one or more) facility-acquired * COVID-19 case(s) in a resident <p>*Facility-acquired COVID-19 infection in a long-term care resident is defined as a confirmed diagnosis 14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring.</p>
Outbreak (Workplace cluster)	Workplace cluster (non-healthcare setting) Outbreak Definition: <ul style="list-style-type: none"> • Two or more laboratory-positive (PCR or antigen) cases, AND • At least two cases have onsets within 14 days of each other, AND • Plausible epi-link in the workplace (e.g., case-patients work on the same shift or in the same building, or benefit from employee sponsored transportation or housing), AND • No other known epidemiological link outside of the workplace (e.g., case-patients do not share a household, and there is no epi-link suggesting transmissions is more likely to have occurred during private carpooling or social interactions outside of the workplace).
Quarantine	The separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic from others who have not been so exposed to prevent the possible spread of the communicable disease.

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Up To Date	A person is up to date with their COVID-19 vaccination if they have received all recommended doses in the primary series and all recommended boosters when eligible, per CDC recommendations .
Working Alone	<p>Someone is considered to be working alone when they're isolated from interaction with other people and have little or no expectation of in-person interruption. How often a worker is able to work alone throughout the day may vary. Note, when someone meets the standard for "working alone", they do not have to mask regardless of vaccination status.</p> <p>Examples of working alone include:</p> <ul style="list-style-type: none">• A lone worker inside the enclosed cab of a crane or other heavy equipment, vehicle, or harvester• A person by themselves inside an office with 4 walls and a door• A lone worker inside of a cubicle with 4 walls (one with an opening for an entryway) that are high enough to block the breathing zone of anyone walking by, and whose work activity will not require anyone to come inside of the cubicle• A worker by themselves outside in an agricultural field, the woods, or other open area with no anticipated contact with others. <p>For cubicles, 'alone' means:</p> <ul style="list-style-type: none">• The employee's face is below the height of the panels, typically while seated. The furniture panels act as a barrier to virus aerosols and droplets expelled if an employee is speaking, coughing, or sneezing.• When an employee's face is at or above furniture panel height and there are other people in the area, a face covering shall be worn. This includes when the employee leaves the cubicle space.

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WASHINGTON STATE VETERANS HOMES SAFE START

WSVH Safe Start Pandemic Response Operations

Facilities will:

- Implement Core Principles of COVID-19 Infection Prevention as outlined in the most current DSHS Nursing Home Safe Start Guidance
- Ensure appropriate use of PPE by all, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines
 - Also, refer to the following:
 - DSHS Nursing *Long Term Care (LTC) COVID Response* document
 - WDVA WSVH Procedure 670.100 – *Personal Protection Equipment Conservation During Crisis*
- Conduct resident and staff testing as required under the following:
 - CMS Letter Ref: QSO-20-38-NH, *Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements*
 - DSHS *Long Term Care (LTC) COVID Response* document
 - 42 CFR 483.80(h)
 - DOH *LTC Facility Testing for Staff and Residents*
 - WDVA WSVH Procedure 470.500 – *Resident Testing for SARS-COV-2 (COVID19)*
 - WDVA WSVH Procedure 470.100 – *SARS-COV-2 (COVID-19) Testing and Work Restrictions of Healthcare Personnel*
- Be compliant with requirements found in the most current DSHS *Long Term Care (LTC) COVID Response* document.
- WSVH Administrators are responsible for ensuring their respective facility is prepared for an outbreak by making the following assurances, as outlined in the most current DSHS Nursing Home Safe Start Guidance:
 - Maintain access to COVID-19 testing for all residents and staff;
 - Have a response plan to inform cohorting and other infection control measures;
 - Implement a plan to screen all staff and visitors for signs and symptoms of COVID-19;
 - Dedicate space for cohorting and managing care for residents with COVID-19, or if unable to cohort residents a plan which may include resident transfer
 - Have a plan to care for residents with COVID-1
 - Protect and promote resident rights while following standards of infection control practices
- Follow the most current DSHS *Long Term Care (LTC) COVID Response* document principles around:
 - Screening
 - PPE and Source Control
 - Federal and State Disability Laws
 - Medically Necessary Providers, Service and Health Care Workers
 - Communal Activities and Dining
 - Offsite Visits and New Admissions
 - Also refer to WDVA WSVH Procedure 330.200 – *COVID-19 Community Activity Assessments*
 - Care Plans
 - Access to Resident Right Advocates – LTC Ombuds, DD Ombuds, and DRW Advocates

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- Visitation
 - Also refer to the following WDVA WSVH Procedures:
 - 320.300 – *Visitation During the COVID Pandemic*
 - 320.400 – *Essential Support Person and Compassionate Care Visits*
- Have all volunteers complete the *Volunteer COVID-19 Agreement*
- Complete and submit the *WDVA COVID-19 Potential Exposure Questionnaire* (i.e. *COVID-19 Timeline*) upon discovery or notification of potential/confirmed COVID-19 exposure

Resume Normal Operations

Once the COVID-19 public health threat has ended as indicated by the Governor, DOH, and CMS the facility may relinquish all restrictions, except those required as a normal, permanent requirement, and return to a regular course of business.

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PHARMACY SAFE START
Pharmacy Safe Start – Pandemic Response Operations
<p><u>Environmental Controls, Screening, PPE, and Cleaning</u></p> <ul style="list-style-type: none">• All staff are still expected to perform a personal health screening prior to visiting the facility• All staff will continue to be actively screened prior to entering the facility<ul style="list-style-type: none">○ Follow <i>WDVA Homes Cleaning Plan</i> if ill pharmacy staff have visited the pharmacy facility• Suspected/Confirmed cases of COVID-19 will result in closure of areas the suspected/confirmed staff until the areas occupied by the individual has been cleaned and disinfected.<ul style="list-style-type: none">○ Wait as long as possible (at least several hours) before cleaning and disinfecting.•• All staff are required to wear face coverings while in the pharmacy and to wear the appropriate PPE while in the SNF according to current DOH, CDC, LHJ, and WDVA guidance• High touch areas will be cleaned frequently, at least once daily.• Staff will wash their hands frequently• Complete and submit the <i>WDVA COVID-19 Potential Exposure Questionnaire</i> (i.e. <i>COVID-19 Timeline</i>) upon discovery or notification of potential/confirmed COVID-19 exposure• Signs will be posted in areas visible to all employees and customers outlining required hygienic practices. These practices include:<ul style="list-style-type: none">○ Don't touch your face with unwashed hands or with gloves○ Wash hands often with soap and water for at least 20 seconds○ Use hand sanitizer with at least 60% alcohol○ Frequently clean and disinfect touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs○ Cover the mouth and nose when you cough or sneeze, as well as other hygienic recommendations by the U.S. Centers for Disease Control <p><u>Employees</u></p> <ul style="list-style-type: none">• Telework is still encouraged whenever possible.• Pharmacy can be staffed with up to six (6) individuals in the prescription filling area, who will maintain 6-foot physical distancing throughout shifts. An additional individual can work in the Pharmacy Manager's office performing administrative and clinical services.• Staff will limit interaction with nursing staff and residents as much as possible
Pharmacy Safe Start – Resumption of Normal Operations
<p>Due to space limitation, the Pharmacy will not fully reopen until all physical distancing requirements are relaxed and the Washington Veterans Home has resumed normal operations.</p>

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CENTRAL OFFICE SAFE START

Central Office Includes: Programs and staff that operate in the Central Office locations found throughout the state.

All staff based at remote locations (Spokane County, King County, Pierce County, and JBLM) shall follow these guidelines as well as those set forth by hosting authorities.

This document serves as a general guide for safe operations during the COVID-19 public health emergency. For detailed procedures and policies, please see individual Central Office Action Plans (CAPs)

CENTRAL OFFICE SAFE START

Environmental Controls, Screening, PPE, and Cleaning

- Employees who will work physically in office will be provided with the COVID-19 screening tool and process as a part of their orientation before they return to work for the first time and will be provided updates when the tool or practices have changed. The training will include information about the level of confidentiality in the screening process and any related documentation.
- Utilize COVID-19 Safe Start Customer Service Protocols (Appendix A)
- All Staff are expected to continue to perform a personal health screening before visiting the office and sign in indicating they have passed the personal health screening
 - If staff member fails the personal health screening, they will not be allowed to enter the building and shall: 1) contact their supervisor; 2) go through secondary screening through the Director of Nursing Compliance; 3) if asked to quarantine/isolate will work remotely for the length of time determined by following current self-isolation/quarantine guidance
- Common areas will have enhanced ventilation and air flow, increasing the amount of outdoor air coming into the building
- Signs will be posted on the exterior door as well as in the waiting room, asking customers to perform a personal health screening before visiting the building
 - If a customer does not pass a personal health screening they will be asked to reschedule following current self-isolation/quarantine guidance
- Signs will be posted in areas visible to all employees and customers outlining required hygienic practices. These practices include:
 - Don't touch your face with unwashed hands or with gloves
 - Wash hands often with soap and water for at least 20 seconds
 - Use hand sanitizer with at least 60% alcohol
 - Frequently clean and disinfect touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs
 - Cover the mouth and nose when you cough or sneeze, as well as other hygienic recommendations by the U.S. Centers for Disease Control
- Customers, business partners, and other visitors of unverified vaccination status are not allowed in back office areas.
- Customers and business partners (whose vaccination status is unknown) visiting the building will be actively screened immediately upon entry to the building by an employee
 - If a customer or business partner does not pass a personal health screening they will be asked to reschedule following current self-isolation/quarantine guidance

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- Face shields or sneeze guards will be placed at all places of potential interaction between employees and customers.
- Employees are required to physically distance and wear masks when indoors and working with clients/visitors/business partners whose vaccination status is unknown or unverified.
- Customers/visitors will not be required to wear masks when within any WDVA Central Office worksite.
- Employees working in outdoor settings are not required to wear a mask, unless when there is crowding, vaccination status of people is unknown, or other risk factors for transmission are present as outlined by the CDC, DOH, or a local authority or health jurisdiction.
- Employees will clean shared equipment they use and shared areas they occupy prior to and after use if working in office
- Reception staff should clean high touch areas are cleaned at least daily
- Suspected/Confirmed cases of COVID-19 will result in closure of areas the suspected/confirmed staff until the areas occupied by the individual has been cleaned and disinfected.
 - Wait as long as possible (at least several hours) before cleaning and disinfecting.
- Supervisors will complete and submit the *WDVA COVID-19 Potential Exposure Questionnaire* (i.e. *COVID-19 Timeline*) upon discovery or notification of potential/confirmed COVID-19 exposure
- The office will notify the respective local health jurisdiction within 24 hours if it is suspected COVID-19 is spreading in the workplace, or if two or more employees who work at a worksite develop confirmed or suspected COVID-19 within a 14-day period.
- L&I will be notified if there is a COVID-19 outbreak of 10 or more employees at a worksite with more than 50 employees.

Employees

- Employees can physically work in the office as occupancy allows and as long as they are healthy, trained, and oriented on COVID-19 workplace protocols, and have been cleared by their supervisor to return to the office
- Employees are encouraged to continue physically distancing, regardless of vaccination status
- Employees will wash hands frequently
- Upon entry to the building, every staff member will scan their ID badge and sign in to include attesting they've passed the screening questions. No "door holding" will be allowed for other staff members.
- Occupancy shall be maintained, to the greatest extent possible, below the respective maximum levels determined by Department Heads. Department Heads will work with their managers and supervisors to determine, maintain, and monitor appropriate staffing levels needed to maintain physical distancing requirements and also support business needs.
- All staff are expected to stay in their work area as much as possible and avoid wandering the office building

Travel and Meetings

- Staff shall clean/disinfect vehicles after use

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- Staff can attend events and conferences as long as they can follow COVID-19 safety measures such as hand hygiene, masking, physical distancing, and utilization of sneeze guards or face shields.

CENTRAL OFFICE SAFE START – Resumption of Normal Operations

Once the COVID-19 public health threat has ended as indicated by the Governor and DOH offices may relinquish all restrictions, except those required as a normal, permanent requirement, and return to a regular course of business.

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CEMETERY SAFE START
Cemetery Safe Start – Pandemic Response Operations
<p><u>Screening, PPE, and Cleaning</u></p> <ul style="list-style-type: none">• All staff are required to perform a personal health screening prior to reporting to location• Suspected/confirmed cases of COVID-19 will result in closure of areas the suspected/confirmed staff until the areas occupied by the individual has been cleaned and disinfected.<ul style="list-style-type: none">○ Wait as long as possible (at least several hours) before cleaning and disinfecting.• Clients and ceremony attendees are asked to perform a personal health screening• High touch areas will be cleaned at least once daily• Employees shall wash hands frequently• Signs will be posted in areas visible to all employees and customers outlining required hygienic practices. These practices include:<ul style="list-style-type: none">○ Don't touch your face with unwashed hands or with gloves○ Wash hands often with soap and water for at least 20 seconds○ Use hand sanitizer with at least 60% alcohol○ Frequently clean and disinfect touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs○ Cover the mouth and nose when you cough or sneeze, as well as other hygienic recommendations by the U.S. Centers for Disease Control• Employees are required to physically distance and wear masks when indoors and working with clients/visitors/business partners whose vaccination status is unknown or unverified.• Customers/visitors will not be required to wear masks when within the Administration or other buildings onsite.• Employees working in outdoor settings are not required to wear a mask, unless when there is crowding, vaccination status of people is unknown, or other risk factors for transmission are present as outlined by the CDC, DOH, or a local authority or health jurisdiction.• The office will notify the respective local health jurisdiction within 24 hours if it is suspected COVID-19 is spreading in the workplace, or if two or more employees who work at a worksite develop confirmed or suspected COVID-19 within a 14-day period. <p><u>Activities</u></p> <ul style="list-style-type: none">• Employees are encouraged to continue physically distancing, regardless of vaccination status

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- Limit in-person client interactions by utilizing digital document transfers (web, fax, email) or US mail, and scheduling interments via phone whenever possible
- Utilize Funeral Directors to assist in digital document transfer and scheduling
- Limit necessary in-person intake sessions to maximum of 5 individuals per family, conducting these by appointment only as restrictions allow and individual situations dictate (i.e. automation limitations, hearing impaired, etc.).
 - Customers will be asked to call upon arrival for a scheduled appointment, at which time staff will provide guidance on transferring documents and custody of cremated remains. Staff will meet clients at their vehicle to provide service for individuals with mobility issues
 - Restrict witnessing placements due to proximity concerns, particularly at columbarium walls, where spacing is limited
- Ceremony Operations:
 - Follow all local, state, and military unit gathering size restrictions for outdoor ceremonies
 - Cemetery staff provide detailed service information and COVID-19 protocols to families

Travel, Meetings, and Events

- Staff shall clean/disinfect vehicles after use
- Staff can attend events and conferences as long as they can follow COVID-19 safety measures such as hand hygiene, masking, physical distancing, and utilization of sneeze guards or face shields
- Resume public events and ceremonies if appropriate COVID-19 safety measures can be followed

CEMETERY SAFE START – Resumption of Normal Operations

Once the COVID-19 public health threat has ended as indicated by the Governor and DOH, offices may relinquish all restrictions, except those required as a normal, permanent requirement, and return to a regular course of business.

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Appendix A: COVID-19 Safe Start Customer Service Protocols

Situation	Entry control for: customers, vendors, delivery drivers and contractors with unverified vaccination status	During appointments with customers and anyone of unverified vaccination status	After you're done assisting a customer
Work Guidance	<ul style="list-style-type: none"> • Signage on doors should inform everyone to not enter if they have COVID-19 symptoms or exposure. • Have visitors screen themselves using COVID-19 screening tool. Reschedule the appointment, if appropriate, based on the answers to screening questions. • Signage posted in areas visible to employees and customers listing required COVID-19 hygienic practices. • Maintain 6 ft. physical distancing at all times. • Reschedule vendor or delivery as appropriate based on the answers to screening questions. • Consider changing vendor/delivery arrival times for when customers are not present. • Identify a designated spot at the front counter away from customers for drop off/pick up of deliveries. 	<ul style="list-style-type: none"> • Signage posted in areas visible to employees and customers listing required COVID-19 hygienic practices. • WDVA employees working with customers and anyone with unverified vaccination status must always maintain 6 ft of physical distance between them and that individual. • WDVA employees must wear a mask/face covering at all times when working with customers and anyone with unverified vaccination status. • Designate specific, dedicated areas to assist customers to maintain 6 ft. social distancing. Customers should be limited to the waiting room and interview rooms. • Use face shields or sneeze guards when communicating and transacting with customers. • Ensure customers stay behind sneeze guards while receiving assistance. 	<ul style="list-style-type: none"> • Use a disinfectant wipe (ensure it is a product found on the EPA's List N) to disinfect high touch areas, shared equipment (e.g., desk and keyboard), and supplies (e.g. pen) the customer used. • Wipe down waiting area furniture, tables and front counter surfaces after every customer, or as needed, utilizing a product found on the EPA's List N. • Frequently wash your hands.
PPE Required	<ul style="list-style-type: none"> • Mask/Face Covering 	<ul style="list-style-type: none"> • Mask/Face Covering 	<ul style="list-style-type: none"> • Mask/Face Covering • Disposable gloves

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Appendix A: COVID-19 Safe Start Customer Service Protocols

Situation	Customer arrives with notifies office they have suspected/confirmed agnosis resulting in possible exposure to staff	Customer requests to see program staff	Customer is uncooperative and ignores safety directions
Work Guidance	<ul style="list-style-type: none"> • Reschedule the appointment, if appropriate, based on the answers to screening questions. • WDVA employees working with customers and anyone with unverified vaccination status must always maintain 6 ft of physical distance between them and that individual. • Follow the CDC guidelines on environmental cleaning and disinfecting, which includes closing areas occupied by a person suspected/confirmed to have COVID-19 for 3 days (or 24 hours if additional cleaning and disinfecting measures are taken) • Service Center supervisor will complete and submit the WDVA COVID-19 Potential Exposure Questionnaire (i.e. COVID-19 Timeline) upon discovery or notification of potential/confirmed COVID-19 exposure 	<ul style="list-style-type: none"> • Determine customer need. • Identify if program staff are available; if available, connect the customer with the staff person by phone. • If program staff meets with customer in person, staff will meet with customer in a space designated to meet with public/clients/visitors and will not bring them into back-office settings. • If program staff is not available, get customer information for program to follow up and notify customer that program staff will respond back to the customer directly. 	<ul style="list-style-type: none"> • Follow established de-escalation processes. • If a customer or individual refuses to follow COVID-19 protocols politely tell them the service center cannot serve them and they need to leave the premises. Under no circumstances should WDVA staff attempt to physically block an individual from entering or remove them from the premises. • Adhere to Blue Light Procedures for Belligerent Visitors, as found in CO Evacuation Procedure, OP 670.710, if applicable. • If there is an immediate threat or danger, call 911.
PPE Required	<ul style="list-style-type: none"> • Mask/Face Covering 	<ul style="list-style-type: none"> • Mask/Face Covering 	<ul style="list-style-type: none"> • Mask/Face Covering